STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JOHN ENGLER
GOVERNOR

JAMES K. HAVEMAN, JR.
DIRECTOR

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Dear Children's Multidisciplinary Specialty (CMS) Clinic Providers:

The purpose of this letter is to provide you additional information on the services offered by the Michigan Department of Community Health (MDCH) that should make your October 1, 2002 conversion to the national standard billing codes as smooth as possible. An Internet-based training module on the completion of the UB-92 claim form is available through Michigan Virtual University. It is free of charge to anyone with Internet access. Log on to the Michigan Virtual University's training course at www.healthcare.mivu.org.

We are also making claim testing opportunities for CMS Clinic providers available to you. Electronic claim integrity and content testing services are being offered, as are paper claim scanning and content testing services. These tests will identify problems before you begin submitting real claims; claims for which you expect to be paid. Test claims **will not be paid**.

Enclosed with this letter are specific instructions for submitting claims for testing.

> + Attachment A: Electronic Claims for CMS Clinics
> + Attachment B: Paper Claims for CMS Clinics

If you have any questions regarding the changes being made, you may contact the Provider Inquiry Line at 800-292-2550 or e-mail your questions to providersupport@michigan.gov. All draft and final policy bulletins, electronic claim formats, and other information related to the Uniform Billing Project are available on the MDCH website at www.michigan.gov/mdch.

Cordially,

Patrick Barrie (signature)

Patrick Barrie
Deputy Director
Health Programs Administration

Enclosures

INSTRUCTIONS FOR TESTING

CHILDREN'S MULTIDISCIPLINARY SPECIALTY CLINICS ELECTRONIC CLAIMS

If you currently use a billing agent, clearinghouse, or software package to prepare and/or submit claims electronically, we suggest that you contact them to assure that the software used for submitting electronic claims is compliant with the required formats detailed below.

If you are interested in becoming an electronic biller, contact the MDCH Automated Billing Unit at automatedbilling@michigan.gov.

For electronic submission of CMS clinic claims, you may either submit the **UB-92 (Electronic Media Claim Version 5.0)** format, or you may submit the National Electronic Data Interchange Transaction Set Health Care Claim **ASC X12N 837 Institutional version 4010** format, which will be the only institutional claim format that will be accepted in October 2003.

For instructions on claim completion, refer to the Uniform Billing Manual, the policy bulletins, and Medicaid provider manual pages, which relate to Uniform Billing Project changes for Children's Multidisciplinary Specialty Clinics. These documents can be found on the web at http://www.michigan.gov/mdch. Once you have reached the website:

- Click on "Providers" on the left side of the screen.
- Click on "Information for Medicaid Providers", the first bullet on the left hand side of the page.
- Click on "Michigan Medicaid Uniform Billing Project" in the middle of the page. Links to all information are listed on this page.

The MDCH website also contains the following useful documents in the section titled Electronic Claims Submission Information such as:

- 837 Institutional Version 4010 Clarification Document;
- UB 92 EMC 5 Transaction Set;
- MDCH Electronic Billing Manual;
- EDI 837 Introduction.

You are encouraged to visit the website and familiarize yourself with documentation that is available.

MDCH is recommending a two-stage electronic claim submission testing process that is detailed on the following pages.

> **Stage 1 – Integrity Testing** is recommended for electronic billers who plan to submit claims electronically to Michigan Medicaid using the ASC X12N 837 Institutional version 4010. This stage provides the opportunity to test electronic claims for syntax errors (e.g. fields and data are formatted correctly). This testing is **NOT** available for the UB-92 (Electronic Media Claim version 5.0) electronic claim format.

> **Stage 2 – Claims Testing** for both electronic claim formats is highly recommended for all billers submitting electronic claims. This stage will begin in August 2002.

All test claims must be prepared using the formatting specified for the electronic format that you plan to use and must utilize the appropriate revenue and procedure codes. Additional coding requirements can be found in the policy bulletins on the MDCH web site. You are encouraged to utilize the Institutional ASC X12N 837 version 4010, as this will be the only institutional claim format that will be accepted in October 2003.

Electronic billers are urged to submit a characteristic sample of claims representing each provider type for which they bill. Limit the number of claims within the test file to 25. If more than 25 claims are submitted in the test file, the state team will review only the first 25 claims. A Remittance Advice (RA) will be produced for the entire test file so that the billing agent may review the results of the remaining claims.

Test claims will not be paid. These claims will be used only for testing purposes.

GovConnect, the MDCH contractor, will contact you to discuss the results of your test and review any claim completion or data errors identified. It is anticipated that the testing process and review of test results will require a minimum 5-10 business days to complete.

STAGE 1 – INTEGRITY TESTING

Integrity testing is not available if you are using the UB-92 Electronic Media Claim version 5.0 claim format.

For the ASC X12N 837 version 4010, testing is available via online testing services such as Claredi or Foresight Validator. There will be a charge for testing through the Claredi third-party testing vendor; however, the Foresight Validator tool is free of charge.

Claredi

To test your claims via the **Claredi** online testing engine, you will need to purchase an account with Claredi. To do so and to begin testing, do the following:

> - Point your browser to http://www.claredi.com/
> - Once the page loads, click on the "New Account" link located in the upper right portion of the screen on the Claredi website's main navigation bar
> - The "Create Account" page will appear.
>   - o Select the type of an organization you are registering. Use the "Company Type" drop down menu in the middle of the page. Nursing facilities should select "Other Provider".
>   - o Select the method of certification you prefer (directly through Claredi, via your clearinghouse, or test as a clearinghouse)
>   - o Leave the "Claredi Code" text box blank
> - Click on "Continue"
> - The "Create Account" page will display multiple fields that are required to create an account with Claredi. These fields include, but are not limited to, user name, password, your name, your job title, and other general contact and descriptive information.
> - Follow prompts and instructions to test your EDI transactions for HIPAA compliance.

Successful testing via Claredi will result in a certificate.

Foresight Validator

To test your claims via the **Foresight Validator** online testing engine, use the following instructions:

Account Activation:

1. Open your web browser and go to: http://www.bcbsm.com/providers/trans_test.shtml

2. Click on the link called BCBSM Administrator to request a User ID and Password.

3. An e-mail detailing your user name and password will be sent to you, usually within 24 hours.

How to use the Account:

1. Once you have received your User ID and Password, open your web browser and go back to the website: http://www.bcbsm.com/providers/trans_test.shtml

2. Click on the blue continue button, which takes you to the login screen.

3. Enter your User ID and Password and click on the Enter button.

4. To upload a test file, click on Upload File. Use the browse function to locate the file you want to analyze then click on the Upload Now button. If you have more than one file to analyze, click on Upload Another File and repeat until all files have been uploaded.

5. Once the file upload process is complete, click on the Analysis Page link on the bottom of the page.

6. Select the file you would like to test by clicking on the circular radio button next to the file's name. Then scroll to the bottom right corner of the screen (you will most likely need to pan to get there). Select the desired guideline to be used from the drop down box and click Analyze. A scrolling "Analysis in Progress…" message will appear in the column labeled Analysis Date. Once the analysis is complete, a notebook icon, along with the date and time of the analysis, will replace the scrolling message.

7. To view the results of the analysis, click on the notebook icon. Scroll down to see errors and messages, which will be noted by a different color font (blue, green, or red).

8. The status of errors within a particular file will be noted in the column marked Status. Icons are used to delineate between levels of the errors within the files. To view the description of a symbol, place your cursor over the symbol and a description will pop-up. (For example: a clean file will show a green check mark, and a fatal error will show a red X.)

9. Once you have reviewed the results, correct the noted errors and re-submit for analysis. Repeat this process until all files submitted receive a green check mark in the Status column.

STAGE 2 – CLAIMS TESTING

You must be an authorized electronic biller to complete Stage 2 Claims Testing. Complete integrity testing through the Claredi or Validator testing site *prior to* submitting test claims to MDCH.

Electronic billers should submit test claim files beginning in August 2002 and continuing through September 2002. Please send files for recipients that you currently bill Medicaid for, not "fake" Medicaid numbers. **T*est claims are not live claims and will not be paid.***

To complete Stage 2 Testing, follow these instructions:

1. The first step of Stage 2 Testing is dependent on your chosen electronic format.
   - To submit an **ASC X12N 837 Institutional version 4010** test file, log onto the DEG (Data Exchange Gateway), then enter the following information:

     PUT (Your volume\directory\file) space (4780T@DCHEDI). The catalog and file would be the file string for where the file to be tested is loaded on your computer. The following example illustrates this command:
       PUT C:\CATALOG\4780T 4780T@DCHEDI

     After you have done the put command and the file has transferred, you can do a "DIR" (Directory Command) to see if there is a 4780T file in your Mailbox. If the translator can process the file, it will create an ANSI X12 997 Acknowledgement to use as a "Receipt" that MDCH has received and translated the file.

   - To submit a **UB-92 (Electronic Media Claim version 5.0)** test file, log onto the DEG (Data Exchange Gateway), then enter the following information:

     PUT (Your volume\directory\file) space (3602T@DCHBULL). The catalog and file would be the file string for where the file to be tested is loaded on your computer. The following example illustrates this command:
       PUT C:\CATALOG\3602T 3602T@DCHBULL

2. Next, you must send an e-mail, including a contact name and telephone number, to the following contacts to inform MDCH that a test file has been submitted:

   Savaget@Michigan.gov .... Tammie Savage
   CarterF1@Michigan.gov .... Felix Carter
   KatalenichD@Michigan.gov .... Daryl Katalenich
   ForbesJill@Michigan.gov .... Jill Forbes

3. MDCH will do a preliminary review of the file and, if acceptable, will transfer the file to the test area. If the test file is not acceptable, MDCH will advise you of problems contained in the file that prevent further testing and will provide guidance to modify the file according to Medicaid specifications.

4. Once the test file has been accepted, claims will be adjudicated in the test environment and a Remittance Advice will be produced. These documents will be forwarded to GovConnect and MDCH for review.

5. After review of the test file adjudication has been completed, GovConnect will contact you to discuss the results and will be available to answer any questions that you may have related to the results. The entire testing process takes a minimum of 5-10 business days to complete.

INSTRUCTIONS FOR TESTING CHILDREN'S
MULTIDISCIPLINARY SPECIALTY CLINICS PAPER CLAIMS

Providers who bill using paper for any or all claims may submit paper claims for testing. Paper claims will be tested to determine if they can be read properly by the scanning equipment, whether the claim is complete, and whether data errors exist. Detecting these problems now will alleviate payment delays.

We understand that portions of the provider community utilize programs developed by software vendors to prepare paper claims. ***We urge you to bill electronically to expedite payment for services that you provided.***

Please note the following:

- For instructions on claim completion, refer to the State Uniform Billing Manual, policy bulletins and Medicaid provider manual pages related to the Uniform Billing Project. Policy bulletins and manual pages can be found on the web at http://www.michigan.gov/mdch. Once you have reached the website, click on "Providers" on the left side of the screen. Then click on "Information for Medicaid Providers" which is the first bullet on the left-hand side of the page. Proposed and final policy bulletins are found in the section titled "Medicaid Policy." The section titled "Michigan Medicaid Uniform Billing Project" contains additional information.

- All test claims must be prepared using the claim completion instructions as noted above and must utilize the required revenue and procedure codes. Codes can be found in the policy bulletins related to Uniform Billing for Children's Multidisciplinary Specialty Clinics.

- Test claims will be accepted in August and continue through September 2002. ***Test claims will not be paid. These claims will be used only for testing purposes.***

- Providers should submit five (5) paper claims for each provider type for which they bill. Please send files for recipients that you currently bill Medicaid for, not "fake" recipients. Claims should be a representative sample of services provided. If more than five (5) claims are submitted per provider type, they will be discarded. Be sure to complete all applicable fields on the control form to ensure expedient processing of test claims.

- ***Include the attached control form with all test claims*** and mail your paper test claims to:

  Michigan Department of Community Health
  P.O. Box 30733
  Lansing, MI 48909-8233

- Claims must be mailed flat using a 9" x 12" envelope. Claims should not be folded. No staples or paper clips are to be attached to the claims. Claims not complying with these requirements will be returned untested. The MDCH contractor, GovConnect, will contact you to discuss the results of your test and review any claim completion or data errors. The entire testing process takes a minimum of 5-10 business days to complete.

Michigan Department of Community Health
Uniform Billing Project
Paper Test Claim Submission Control Form
Submit all test claims to MDCH, P.O. Box 30733. Lansing, MI 48909-8233

It is important to complete and submit this information with your test claims.

Organization Name:	

Contact Name:	**Billing Address:**
Phone: ( )	
Fax: ( )	

E-mail Address:	**Date:**

Printer Type Used for Claim Preparation (Please Circle one – if "Other", please explain):

Typewriter   Dot-matrix   Ink-Jet   Laser   Other

Font Size Used for Claim Preparation:

List Provider Type(s)/ID Number(s) Represented Here:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Check the Type and List the Total Number of Test Claims Represented Here:

☐ **UB-92:**_____   ☐ **HCFA 1500**_____

If Applicable,
Identify the Software Package Used for Claim Preparation:

Identify the Software Vendor:

Who do you purchase your claim forms from?

Vendor Contact Number: **Vendor Contact Name:**